

ATTN: JOHN CURLESS
UTAH DEPARTMENT OF HEALTH, DHCF
PO BOX 143102
SALT LAKE CITY, UT 84114-3102

To Whom It May Concern:

RE: Notification of Destruction of Case Mix Preview Report Number CRP-

I, hereby, certify the Case Mix Preview report noted above has been destroyed as well as all copies made of the report.

I also affirm that the report was destroyed within 60 days of the report date.

Sincerely,